EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH POST PARTUM HAEMORRHAGE

By

Ms. R.REMYA

A Dissertation submitted to
THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

MARCH – 2010.

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CERTIFICATE

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CHAPTER - I

INTRODUCTION

Labour, the culmination of pregnancy is an event with great psychological, social and emotional meaning for the mother and her family. The physiological transition from being a pregnant women to becoming a mother means and enormous change for each women both psychologically and physiologically. The events of labour are divided into first stage, second stage , third stage and fourth stage. Of all the stages of the labour , the third stage is the most crucial stage of labour.

Previously uneventful first and second stage can become abnormal within a minute with disastrous consequences. The fatal complications that may appear unexpectedly in an otherwise uneven full first or second stage are postpartum hemorrhage, retention of placenta, shock, pulmonary embolism and uterine inversion. Any amount of bleeding from or into the genital tract following birth of the baby upto the end of the puerperium will adversely affect the general condition of the patient.

Post partum haemorrhage is defined as excessive bleeding from the genital tract at any time following the baby's birth upto 6 weeks after delivery. If it occurs during the third stage of labour or with in 24 hours of delivery it is termed as primary post partum haemorrhage. If it occurs subsequent on the first 24 hours following the birth to until the 6th week of post partum, it is termed secondary post partum haemorrhage.

Post partum haemorrhage is one of the most alarming and serious emergencies a midwife may face and is especially terrifying if it occurs immediately following a straight forward birth.

It is always a frightening experience for the woman and can undermine her confidence, influence her attitude to future child bearing and delay in her recovery.

There is an increased risk of postpartum hemorrhage with prolonged labour, obstructed labour, forceps delivery, attempted vaginal birth after a caesarean section (VBAC), inverted uterus, having given birth to more than 5 babies in the past, the presence of excessive amount of amniotic fluid during pregnancy , multiple pregnancies such as twins or triplets, large baby, vaginal

hemorrhage during the pregnancy due to either placental abruption or placenta praevia; placental abruption , amniotic fluid embolus and intrauterine fetal death increases the risk of subsequent coagulation/clotting defects.

Fluid loss is extremely difficult to measure with any degree of accuracy, especially when the fluid has soaked in to dressings and linen. It should also be remembered that measurable solidified clots represents only about half the total fluid loss. With these factors in mind, the best yard stick is that any blood loss, however small, that adversely affects the mother's conditions constitutes a postpartum haemorrhage. Much will therefore depend upon the women's general well being. In addition if the measured loss reaches 500ml, it must be treated as a postpartum haemorrhage, irrespective of maternal condition. There are several reasons why a postpartum may occur, including atonic uterus, retained placenta, trauma and blood coagulation disorder.

The pre disposing factors which might increase the risk of post partum haemorrhage are previous history of postpartum haemorrhage or retained placenta, high parity resulting in uterine scare tissue, presence of fibroids, maternal anemia and ketoacidosis. It is demonstrated that, in a series of 3500 women,

40% had ketonuria at sometime during labour. It is reported that if labour progressed well this did not appear to jeopardize either the fetal or maternal condition.

It is possible for the midwife to apply some preventive screening in an attempt to identify women who may be at greater risk and to recognize causative factors. During the antenatal period a thorough and accurate history of previous obstetric experiences will identify risk factors such as previous postpartum haemorrhage or precipitate labour. Arrangement can then, after careful explanation in full consultation with the women, be made for delivery to take place in a unit where facilities for dealing with emergencies are available. It is necessary, action can be taken to restore the hemoglobin level before delivery.

During labour, good management practices during the first and second stages are important to prevent prolonged labour and ketoacidosis. A mother should not enter the second or third stage with a full bladder. Prophylactic administration of an uterotonic agent is recommended for the third stage, by either intra muscular injection or intravenous infusion. Two units of cross matched

blood should be kept available for any women known to have a placenta praevia.

The midwife is often the first and may be the only professional person present when a haemorrhage occurs, so her prompt, competent action will be crucial in controlling blood loss and reducing the risk of maternal morbidity even mortality.

Ian Roberts (2009) stated that post partum haemorrhage is a leading cause of maternal death worldwide. It also contributes to maternal morbidity as women may require a hysterectomy to control bleeding, or may require a blood transfusion, which can transmit viral infections.

NEED FOR THE STUDY:

Primary post partum haemorrhage is third most common cause of maternal mortality in both developed and developing countries. WHO estimates that post partum haemorrhage complicates 10.5% of all live births in the world. In a review conducted in United States reported that globally about 5,00,000/- woman die annually from post partum haemorrhage.

In a review of more than 2000 maternal death in the United States, Kaunitz and colleagues reported that 13% were due to haemorrhage, one third of which were attributed to post partum haemorrhage. Studies conducted by several researchers revealed that 50 percent of maternal deaths in Tamil Nadu were due to post partum haemorrhage.

A prospective key informant surveillance system conducted in Jharkhand and Orissa to measure maternal mortality due to post partum haemorrhage stated that maternal deaths comprised 29% to the women aged 15-49 years is due to postpartum haemorrhage.

In a random survey conducted in Canada, reported maternal mortality rate as 4.38 per 1000 deliveries due to post partum haemorrhage. In a study conducted in Scotland reported that 46% of maternal deaths is due to post partum haemorrhage.

Maternal Mortality is frequently described as “just the tip of the iceberg” implying that there is a vast base to the iceberg – Maternal morbidity which remains largely undescribed. A study reported maternal mortality rate in Africa is 565 per 1000,000 live

birth that accounts for 25% deaths due to post partum haemorrhage.

A study conducted in south Africa reported 17% of maternal deaths are due to post partum haemorrhage. A study was performed in a clinic in Bangladesh reported 22.4% of maternal deaths are due to post partum haemorrhage. In Austria the incidence of post partum haemorrhage is 0.55% per 100 livebirth.

A prospective descriptive study conducted in Bhutan revealed the maternal mortality rate as 0.19 per 1000 population and the incidence of postpartum haemorrhage is 39.9%. Of the estimated 600,00 maternal deaths each year, 95% occur in developing countries.

DOH et al., stated that although the maternal mortality rate in developed countries such as the UK has fallen and was 12.2 per 100,000 live birth, the reported MMR for South Africa in 1998 was 150 per 100,000 live birth A significant number of death recorded were due to post partum haemorrhage.

A survey was conducted in India to measure maternal mortality rate. The key informants identified all births and deaths to women of reproductive age over a period of 110 weeks. The results shows that maternal deaths comprised 29% of all deaths to women aged 15-49 years. The cause of all maternal deaths is post partum haemorrhage.

Postpartum haemorrhage is the most important single cause of maternal death in the world, it is estimated to claim 150000 maternal lives annually, mainly in developing countries. The majority of these deaths (88%) occur within 4 hours of delivery indicating that they are a consequence of events in the third stage of labour. Postpartum haemorrhage is a complication which occurs at the transition between labour and the postpartum period.

The causes of haemorrhage are uterine atony and retained placenta in the majority of cases, vaginal or cervical lacerations and (occasionally) uterine rupture or inversion also play a role. The complications of post partum haemorrhage includes, shock, puerperal sepsis, Thrombophlebitis, Thromboembolism and lactation failure. So the investigator has interested to give

appropriate care to mothers of post partum haemorrhage, thereby prevent further complication.

STATEMENT OF THE PROBLEM

EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH POST PARTUM HAEMORRHAGE

OBJECTIVES

1) to assess the health status of mothers with post partum haemorrhage.
2) to evaluate the effectiveness of nursing care on mothers with post partum haemorrhage.
3) to find out the correlation between selected demographic variables with the effectiveness of nursing care on mothers with post partum haemorrhage.

OPERATIONAL DEFINITION

Effectiveness

It refers to excellency in nursing care which promote the health status of mothers with post partum haemorrhage.

Nursing Care

Nursing care refers to care provided by the investigator to mothers with postpartum haemorrhage which involves monitoring vital signs, uterine massage, investigation,vaginal plugging, blood transfusion, maintenance of hydration status, maintenance of nutrition status,maintenance of bowel and bladder patttern, positioning, perineal care, breast care, care of new born, comfort measures, administration of medication, prevention of infection and health education.

Mothers

Mothers refer to post natal mothers who are all in the period of six weeks immediately after delivery.

Post partum haemorrhage

Post partum haemorrhage refers to any amount of bleeding from or into the genital tract following birth of the baby upto the end of the puerperium which adversely affects the general condition of the patient evidenced by rise in pulse rate and falling blood pressure.

ASSUMPTION

- Appropriate nursing intervention to the mothers with post partum haemorrhage will prevent complications
- Daily assessment of mothers condition enables a nurse to gain thorough knowledge about progress in mothers health condition.
- It will provide guideline for the nurse to complement a need based care.

LIMITATIONS

- The period of study is limited to six weeks.
- The study is limited to mothers with post partum haemorrhage.

PROJECTED OUTCOME

Nursing interventions for mothers with post partum haemorrhage will prevent complications and improve the quality of life. The study may help to assess the effectiveness of nursing care on mothers with post partum haemorrhage. The best nursing care provided would decrease the cost of health care by minimizing the stay in the hospital.

CONCEPTUAL FRAMEWORK

A concept is an idea. Conceptual framework is a group of concepts, (or) ideas that are related to each other but the relationship is not explicit. Conceptual framework deals with abstractions (concepts) that are assembled by virtue of their relevance to a common theme (**Polit and Hungler**). Conceptualization is a process of forming ideas which are utilized and forms in the conceptual framework for the development of research design. It helps the researcher to know what data is to be collected and gives direction to an entire research process. It provides certain frame of reference process. It provides certain frame of reference for clinical practice and research. The conceptual framework for this study was developed on the basis of modified Orem's self care theory model by Dorothea E. Orem.

In the present study, the assessment involves the assessment of demographic data such as age, educational status, occupation, income, type of marriage, order of child birth, past obstetrical history and source of health information and assessment of health status of mothers by observational checklist and rating scale.

Nursing system involves the wholly compensatory system partially compensatory system and supportive educative system.

The wholly compensatory nursing system is represented by a situation in which the individual is unable to engage in those self care actions requiring self directed and controlled ambulation and manipulative movement.

The partially compensatory system is represented by a situation in which both nurse and patient perform care measures or other actions involving manipulative tasks or ambulation.

In supportive – educative system the person is able to perform or can and should learn to perform required measures of externally or internally oriented therapeutic self care.

Nursing care involves monitoring vital signs, uterine massage, vaginal plugging, blood transfusion, maintenance of hydration status, maintenance of nutrition status, maintenance of bladder and bowel pattern, investigation, positioning, perineal care, breast care, care of new born, comfort measures, administration of medication, prevention of infection and health education.

Evaluation involves evaluating the improvement in health status in the form of mild health deterioration, moderate health deterioration and severe health deterioration.

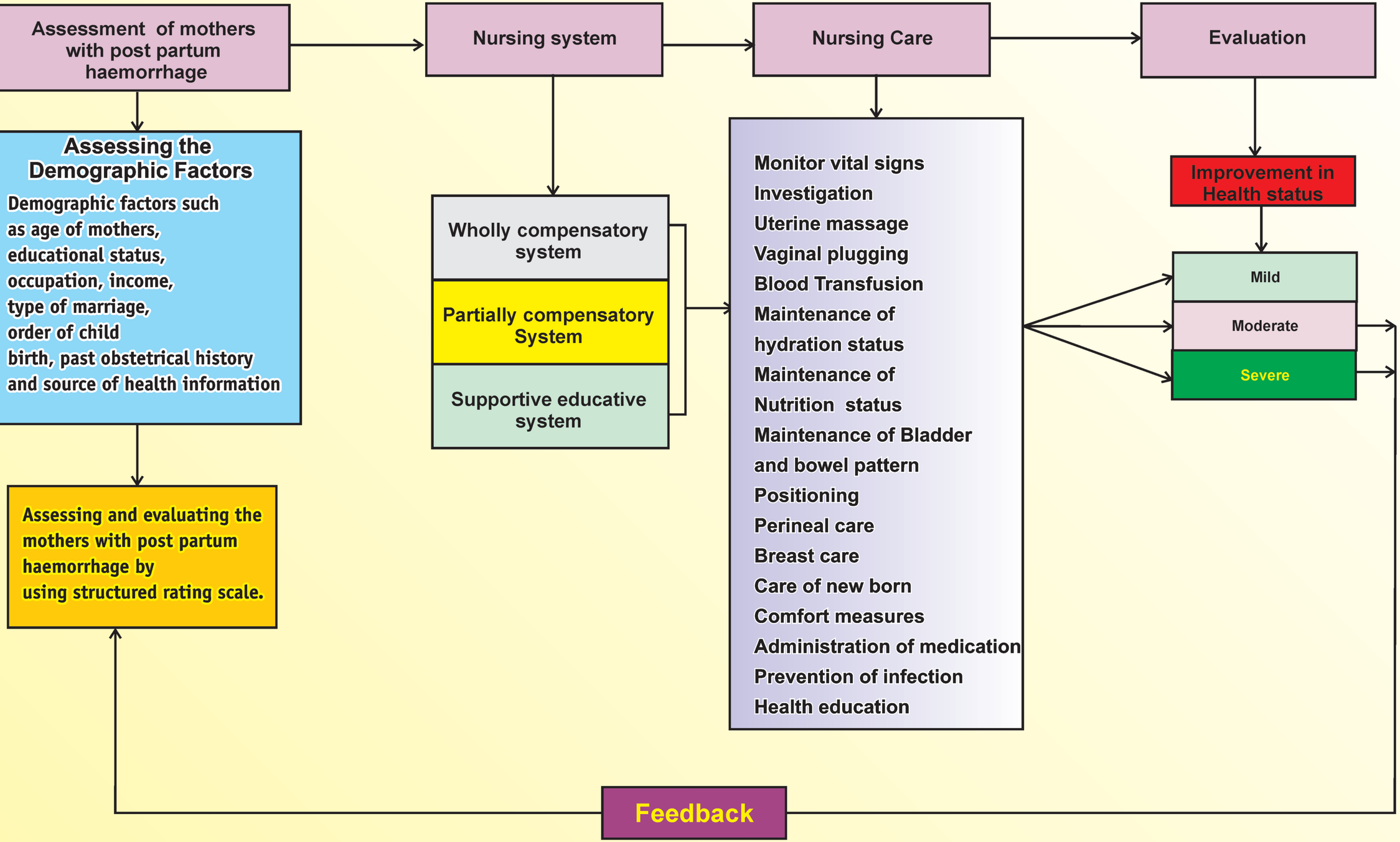

Fig 1.1 CONCEPTUAL FRAMEWORK BASED ON MODIFIED OREM'S SELF CARE THEORY MODEL (1971)

CHAPTER - II

REVIEW OF LITERATURE

The primary purpose of reviewing relevant literature is to give but ground knowledge and understanding of the information i.e., available related to the researchers problem of interest.

- Polit and Hungler (1999)

The investigator carried out extensive review of literature relevant to the topic to gain insight and to collect information for laying the foundation of this study.

This chapter includes

Part A

Review related to Post Partum Haemorrhage

- Review related to causes of Post Partum Haemorrhage
- Review related to diagnosis of Post Partum Haemorrhage
- Review related to treatment of Post Partum Haemorrhage
- Review related to complications of Post Partum Haemorrhage

Part B

Review related to Nursing care of mothers with Post Partum Haemorrhage

PART A : REVIEW RELATED TO POST PARTUM HAEMORRHAGE

Review related to causes of post partum haemorrhage

Mangione A, (2009) have conducted a study and stated anemia during pregnancy has been associated with adverse maternal and fetal outcomes. This study was conducted to estimate the prevalence, demographic characteristics, medical resource utilization, and hospitalization cost associated with a diagnosis of anemia in hospitalized women with obstetrical bleeding. The researcher concluded that anemia and blood transfusion are frequently observed in hospitalized women with obstetrical bleeding.

Sibley (2009) have conducted a study is based on qualitative and quantitative data in Matlab, Bangladesh, including women aged 18-49 years, women aged 50+ years, traditional birth attendants and skilled birth attendants are subjected to cultural

domain. The findings of the study indicate that excessive bleeding appeared to be distinguished by flow characteristics, not colour or quantity. The authors recommend that in terms of training, home birth care givers need to be sufficiently skilled to prevent postpartum hemorrhage

Aubmedcoll (2008) have conducted a study to determine the frequency of postpartum hemorrhage and the associated maternal morbidity at the Department of Gynaecology Unit. The study concludes that the frequency of primary postpartum hemorrhage in this setting is in keeping with globally cited frequencies. Other findings such as causes of primary postpartum hemorrhage and maternal morbidity data also agree with most national and international studies on this topic.

Derman RJ (2008) have conducted a study to examine the sociodemographic, clinical, and perinatal characteristics of low-risk women who experienced postpartum hemorrhage. Having fewer than 4 prenatal visits and lack of iron supplementation increased the risk for postpartum hemorrhage. The researcher concluded that among women at low risk for postpartum hemorrhage, there

were few factors associated with further risk. Given that postpartum hemorrhage can occur without warning.

Khan .J (2008) have conducted a retrospective study to assess risk factors, mortality and "near-miss" morbidity in early postpartum hemorrhage. The researcher concluded that both "near-miss" morbidity and mortality in early postpartum hemorrhage reflect the level of obstetric care in the developing world. These need to be reduced by strengthening peripheral delivery facilities, active 3rd stage management and early referral.

Bushra Sher Zaman (2007) have conducted a descriptive study to describe the associated risk factor for primary postpartum hemorrhage (PPH) and its severity with increasing parity and duration of labour. The study revealed a number of associated risk factors for primary postpartum hemorrhage and proved the relationship of its severity with increasing parity and duration of labour.

Lubna Hassan (2007) have conducted an observational study to assess the preventable predictors of severe postpartum haemorrhage and the adverse outcome associated with it. The

researcher concluded that the maternal outcome associated with postpartum haemorrhage is a function of care given during labour and period with early diagnosis and management of the complication and its risk factors, being the key of good maternal outcome.

Virochana kawl (2006) have conducted a retrospective analysis of women to assess risk factors, mortality and morbidity in early postpartum haemorrhage. Both morbidity and mortality in early postpartum haemorrhage reflect the level of obstetric care in the developing world. These need to be reduced by strengthening peripheral delivery facilities, active 3rd stage management and early referral.

Zohra Khanum (2005) have conducted a prospective study on causes of post partum hemorrhage. Evaluation was done in detail for the risk & causative factors, effective treatment modalities and morbidity & mortality associated with primary postpartum hemorrhage. Most of the patients responded to medical or surgical treatment with average hospital stay of 7 days. Anemia was found in 78% of cases, while other complications included puerperal pyrexia, UTI & wound infection.

Alam Khan (2004) have conducted a retrospective study to determine the incidence and causes of postpartum hemorrhage. The aim was to discuss the new trends of management of postpartum hemorrhage. Improving nutritional, educational status training and antenatal booking can reduce the incidence and associated morbidity and mortality of postpartum hemorrhage.

Dr.Bushra Sher Zaman (2002) have conducted a descriptive study to describe the associated risk factor for primary postpartum haemorrhage. Severity of postpartum haemorrhage increased with increasing parity. The result of the study revealed a number of associated risk factors for primary postpartum haemorrhage and proved the relationship of its severity with increasing parity and duration of labour.

Carroli Guillermo (2000) says that after establishing primary postpartum hemorrhage and secondary postpartum haemorrhage as main outcomes, we found 120 datas reported postpartum haemorrhage and 70 datas reported secondary postpartum haemorrhage in the primary analysis. The prevalence of postpartum haemorrhage and secondary postpartum haemorrhage

is approximately 6% and 1.86% of all deliveries respectively with a wide variation across regions of the world.

Jane B Ford, (1999) conducted a study to determine the risk of occurrence and recurrence of postpartum haemorrhage among women having at least two consecutive pregnancies and have concluded that there is risk of occurrence of postpartum haemorrhage in any pregnancy, and of recurrence of postpartum haemorrhage in subsequent pregnancies.

Pittrof (1993) have conducted a study to identify risk factors of postpartum hemorrhage. The investigator compared women who suffered postpartum hemorrhage after normal vaginal delivery with women who experienced complications caused by cephalopelvic disproportion. If one assumes no less than 20,000 normal deliveries during the 8-month study period and that the investigator's study group included all postpartum hemorrhage cases, the incidence of postpartum hemorrhage would be 0.75%. This incidence is very low when compared to the literature

Review related to diagnosis of post partum haemorrhage

Hart well (2008) have conducted a study to identify factors associated with variation in the rate of acute postpartum hemorrhage within 2 hours of delivery, observed in a randomized clinical trial of misoprostol for the prevention of post partum haemorrhage, conducted in rural India. The researcher concluded that declining post partum haemorrhage rates were associated with improved skills and delivery practices that decreased duration of the second stage of labor.

Kodkany BS, (2006) have conducted a randomized controlled study to compare (1) visual estimation of postpartum blood loss with estimation using a specifically designed blood collection drape and (2) the drape estimate with a measurement of blood loss by photospectrometry. The researcher concluded that drape estimation of blood loss is more accurate than visual estimation and may have particular utility in the developing world.

Review related to treatment of post partum haemorrhage

Goudar .S (2009) have conducted a study to investigate the side effects of 600 microg oral misoprostol given for the mother and the newborn to prevent postpartum hemorrhage. The

researcher concluded that Misoprostol is associated with a significant increase in postpartum maternal shivering and fever with no side effects for the newborn.

Pili Ferrer (2009) have conducted a systemic review to assess the effectiveness and safety of anti fibrinolytic agents in post partum bleeding. The administration of tranexamic acid was associated with a reduction in blood loss of 92 millilitres He concluded that the tranexamic acid may reduce blood loss in post partum haemorrhage.

Kalim (2008) have conducted a study to determine the role of intraumbilical vein oxytocin reducing blood loss during and after one hour of delivery of placenta and its efficacy in reducing the frequency of retained placenta. The author concluded that the addition of intraumbilical vein syntocinon 10 units resulted in marked reduction in amount of blood loss, duration of third stage and incidence of retained placenta in comparison to intravenous 5 IU oxytocin+0.5 mg ergometrine alone.

Aliya Islam (2008) have conducted a prospective study to compare the efficacy of misoprostol and ergometrine for the

prophylaxis of Post Partum. A total of 200 patients were recruited in the study. The author concluded that misoprostol administered per rectally has equal efficacy to ergometrine given intravenously for the prophylaxis of post partum haemorrhage but the side effect profile and patient tolerability is better with Misoprostol.

Nadia Arif (2008) have conducted a cross sectional study to determine the effectiveness and safety of uterine packing in selected cases of primary postpartum haemorrhage. Firm packing was done with enormous length of sterile ribbon gauze, using `layering technique` under prophylactic antibiotic cover. Vagina was also packed to give additional pressure. Pack was removed after 12 - 36 hours or early in case of failure to control haemorrhage. Pulse, blood pressure, soakage of pads, height of uterine fundus and temperature were monitored to assess effectiveness and safety. The researcher have concluded that uterine packing is a quick, effective and safe method for controlling primary postpartum hemorrhage in carefully selected cases.

Bushra Shaheen (2008) have conducted a prospective study to evaluate the role of uterovaginal packing in arresting postpartum haemorrhage. Detailed data of the patients was

collected and entered on a performa, and analyzed. Uterovaginal packing of the postpartum hemorrhage patients was done, and the outcome and complications were noted. The researcher concluded that Uterovaginal packing is a useful technique for control of massive postpartum haemorrhage.

Forna F (2007), stated that prostaglandins have mainly been used for postpartum haemorrhage when other measures fail. Misoprostol, a new and inexpensive prostaglandin E1 analogue, has been suggested as an alternative for routine management of the third stage of labour. Misoprostol orally or sublingually at a dose of 600 mcg shows promising results when compared to placebo in reducing blood loss after delivery.

Khadem N (2007) have conducted a study on comparison between dates and oxytocin in prevention of postpartum hemorrhage. Date fruit has Calcium, serotonin, tannin, glucose that they are important for bleeding control. It was clinical trial that was performed on 62 women delivered in hospital. Immediately after placental delivery, 50 gram oral Deglet Noor dates (group 1) and 10 unit of intramuscular oxytocin (group 2) were given. The Author concluded that use of oral dates after delivery decreases

bleeding more than intramascular oxytocin and it is a good alternative in normal delivery.

Carmik (2007) studied about the use of oxytocin preferred uterotonic drugs. The sample size is about 200 clients and he states the active management of third stage of labour especially the administration of uterotonic drugs the risk of postpartum haemorrhage due to uterine atony without increasing the incidence of retained placenta or other serious complications. Oxytocin preferred drugs compared with syntometrine is used to prevent the haemorrhage.

Capobianco G (2007) stated that maternal and Neonatal health program provide guidelines to prevent the postpartum haemorrhage . Establish practices to facilitate the identification of women who may be at particularly high risk of postpartum haemorrhage and to allow prompt intervention should reduce excessive bleeding.

Takeuchi (2006) have conducted a prospective study to determine the efficacy of intravenous oxytocin administration compared with intravenous methylergometrine administration for

the prevention of postpartum hemorrhage (PPH), and the significance of administration at the end of the second stage of labor compared with that after the third stage. As compared with methylergometrine, oxytocin administration was associated with a significant reduction in postpartum blood loss Intravenous injection of 5 IU oxytocin immediately after delivery of fetal anterior shoulder is the treatment of choice for prevention of postpartum hemorrhage in patients with natural course of labor.

Dr.Aliya Islam (2006) have conducted a prospective study and have concluded that misoprostol administered per rectally has equal efficacy to ergometrine given intravenously for the prophylaxis of postpartum haemorrhage, but the side effect profile and patient tolerability is better with misoprostol.

Placibo (2006) analyse an experience with uterine artery embolization. The sample size is about 50 patients. The author concluded that the uterine artery embolization is a safe and effective procedure for managing postpartum haemorrhage.

Santra (2006) conducted a study at East London Hospital. All routine treatment was given from a special postpartum

haemorrhage trolley. In addition participant who consented were enrolled by drawing the next in a series of randomized treatment packs containing either misoprostol 5 × 200 mg or similar placebo, which were given 1 orally, 2 sublingually and 2 rectally.

Sameera Khan (2006), have conducted a cross sectional study to review practice of massive primary postpartum haemorrhage management and develop a protocol. Medical record files of these women were reviewed for maternal mortality and morbidity. Hysterectomy was performed in 4-cases and all of them encountered complications. Blood transfusions were required in 56% of women who had massive postpartum haemorrhage. This study highlights the existence of variable practices for the management of postpartum haemorrhage.

Raffat Jaleel (2006) have conducted a quasi experimental study to determine the complications of UVP during six weeks following the procedure. UVP was performed in 34 patients. The researcher concluded that UVP seems to be an effective method for managing patients with atonic postpartum hemorrhage, with minimal maternal morbidity.

Chohan .A (2006) have conducted a study to compare the efficacy and safety of different therapeutic measures used for controlling primary postpartum haemorrhage. After identifying the risk factors for primary postpartum hemorrhage thorough history, examination and investigations, these patients were treated medically and surgically to control haemorrhage. If patients reach hospital well in time, effective management of obstetric haemorrhage should be prompt restoration of circulatory volume, accurate diagnosis of the cause of bleeding and early appropriate therapy to arrest the bleeding.

Lumaan Sheikh (2006) have conducted a cross sectional study to review practice of massive primary postpartum haemorrhage management and develop a protocol. Fifty-six percent (18/32) of the women who had massive postpartum hemorrhage delivered vaginally. Uterine-atony was found to be the most common cause, This study highlights the existence variable practices for the management of postpartum haemorrhage.

Rubab Riaz (2005) have conducted a observational study to test the efficacy of Upper Segment Compression Suture(USC Suture) for the control of atonic post partum hemorrhage

unresponsive to medical treatment. Upper Segment Compression Suture is an effective technique for managing refractory postpartum hemorrhage caused by uterine atony.

Kalim .N (2004) have conducted a retrospective study to identify women who are most likely to benefit from primary prevention strategies for postpartum hemorrhage. By delivery category, the highest risk groups with 'number needed to treat' ranging from 4 to 7 were: (1) vaginal delivery macrosomia with gestational diabetes and manual removal of the placenta; (2) primary cesarean macrosomia and multiparity; and (3) repeat cesarean uterine incision other than low transverse and failed vaginal birth after cesarean. The researcher concluded that Clinical profiles that identify women at risk for postpartum hemorrhage can provide a foundation for the development of primary prevention strategies.

Geller SE, (2004) have conducted a study to assess the effectiveness of Misoprostol 600 microg orally in reducing the incidence of acute postpartum hemorrhage in women delivering at home or in neighboring sub-centers. If Misoprostol is shown to be sufficiently safe and efficacious in the prevention of postpartum

hemorrhage, the appropriate government agencies will be encouraged to make the drug available to midwives and rurally located physicians for whom parenteral medications are either not permitted or impractical and/or unavailable.

Cindy (2003) conducted a study to determine the current state of scientific knowledge concerning the prevention of postpartum haemorrhage. Data basis for this include Medline, Pubmed, Proquest and WHO reproductive health library. These include studies evaluating interpersonal psychotherapy, cognitive oral therapy and psychological debriefing antenatal classes.

Shojai R (2002) have conducted a descriptive study to evaluate a post-partum hemorrhage treatment guideline, using rectally administered misoprostol. Overall, hemorrhage was controlled among 87% of the patients when oxytocics were combined with misoprostol and sulprostone. Rectal misoprostol may be an effective second line treatment for the management of post-partum hemorrhage unresponsive to oxytocin.

Raekke (2002) have conducted a questionnaire survey to evaluate the routine clinical practice for prevention and treatment of post partum haemorrhage routine oxytocic prophylaxis is known to significantly reduce the risk of severe postpartum haemorrhage and need for blood transfusion after delivery. Norwegian women may benefit if all maternity care providers implement evidence-based practice.

Lars Hoj.(1999) have conducted a study to evaluate whether routine administration of sublingual misoprostol 600 gm after delivery reduces postpartum haemorrhage and have concluded that sublingual misoprostol reduces the frequency of severe postpartum haemorrhage.

Bailey JM (1999) have conducted a study focusing on methods to reduce postpartum haemorrhage. The nursing staff was trained to estimate blood loss and in methods to manage postpartum haemorrhage, including elements of active management of the third stage of labor. Medical records were reviewed and an analysis of postpartum haemorrhage. There was a statistically significant correlation between oxytocin

administration and lower estimated blood loss indicating that there was less blood loss when oxytocin was administered.

Vatsla dadhwal (1996) says that postpartum haemorrhage occurs in 4% of vaginal deliveries and in 6% after caesarean section. Treatment of secondary postpartum haemorrhage depends on the cause, it includes antibiotic and evacuation of the retained products. On failure we opt for surgical management in form of uterine packing ,uterine artery ligation, internal iliac artery ligation, compression sutures.

Nupur Gupta (1996) have conducted the Retrospective cohort study and concluded that the patients massive postpartum haemorrhage, defined as blood loss >1500 ml may benefit from the use of activated recombinant factor VII and also identified main outcome measures as maternal mortality correction of coagulopathy, the amount of blood products transfused and reservation of fertility.

Review related to complications of post partum haemorrhage

Hussain J (2008) conducted a study to identify new and underutilized technologies to reduce maternal mortality related to puerperal sepsis in developing countries. The literature indicates that infection control protocols and evidence-based procedures including prophylactic antibiotics for cesarean section or preterm rupture of membranes, and updated antibiotic regimens should be widely adopted. Devices such as hand rubs, needle-disposal systems, and rapid microbiological diagnostic tests can improve compliance and efficiency. He concluded that sepsis management continues to depend on good implementation of established technologies. Program-based approaches are required to improve uptake.

John . J (2006) conducted a study on Pulmonary embolism at the Boston city Hospital.He identified that thromboembolism continues to kill a large number of hospitalized patients. Until adequate prophylactic measures are available, reliance must be placed on early diagnosis and immediate treatment of clinically detectable phlebitis. He concluded that carefully planned surgical vein interruption proved superior to anticoagulant therapy. Post-phlebitic symptoms such as edema, varicose veins, and ulcers

occurred as frequently after anticoagulant treatment and appeared related to the extent of the initial disease rather than its treatment.

Retob .S (2004) conducted a study to estimate the incidence, risk factors, and mortality from pregnancy-related venous thromboembolism.The result shows that the rate of venous thromboembolism was 1.72 per 1000 deliveries with 1.1 deaths per 100,000. The risk of venous thromboembolism was 38% higher for women ages 35 and older and 64% higher for black women. He concluded that the incidence of pregnancy-related venous thromboembolism was higher than generally quoted. Women ages 35 and older, black women, and women with certain medical conditions and obstetric complications appear to be at increased risk.

Hatice.S (2005) conducted a study to determine the clinical characteristics of Sheehan's syndrome in 20 patients with typical postpartum haemorrhage. He found that lack of lactation in the postpartum period and early menopause seemed the most important clues for diagnosis of Sheehan's syndrome, and inadequate prolactin and gonadotropin responses to stimulation

tests were the most sensitive diagnostic signs in patients with severe postpartum hemorrhage.

Part B

REVIEW RELATED TO NURSING CARE OF MOTHERS WITH POST PARTUM HAEMORRHAGE

Mortin R (2000) stated that the some method of perineal cleaning frequently was used to promote comfort and to reduce the risk of infection. The most common method is pouring a stream of warm water, often with antiseptic solution added, over the vulva and perineum after voiding and defecation.

Kumar G (1999) stated that early and unrestricted breast feeding offers health benefits for both mother and baby and prevents many common difficulties such as engorgement in mother, nipple confusion in the baby.

Hoyer.H. (2000) reported that the successful breast feeding as a result of a health education programme for mothers and results were found that the written instructions as well as personal encouragement by the field nurse exerted a favourable influence on breast feeding techniques which was taken as a guide line for

our further professional work and change of standards in the field of breast feeding promotion.

Black. M (1997) stated that the nurse protects the wound and promotes healing. A critical time for wound healing is 24 to 72 hours after surgery. Maintain aseptic technique during dressing and wound care ongoing observation of the wound identifies early signs and symptoms of infection.

Brand strip (2006) reported that haemorrhage is believed to cause a contraction of extracellular volume beyond the measured fluid loss. The extracellular volume was calculated from very few blood samples. The evidence supported the idea that haemorrhage cause a contraction of the extra cellular volume.

Bobak (2003) stated that the improvement in fluid and electrolyte balance depends on assessment intake and output hourly. Monitor all parenteral fluids to ensure that the proper amount and type of fluids are being infused. Intake can include solutions of intravenous fluids, medications, blood products and nutritional support. The amount of solution in the intravenous bottle should be checked along with the rate of infusion.

CHAPTER – III

RESEARCH METHODOLOGY

This chapter deals with the methodology adopted for the study including the description of research approach, design, setting, and population of the study, sample size, sampling technique, data collection and instrument.

RESEARCH DESIGN

Evaluative research design involves an intensive exploration of a person and identifying the adverse reactions and complication of post partum haemorrhage. It would be involving an observation check list and rating scale for each mother and needs would be assessed and interventions would be provided during hospitalization.

POPULATION

The population of the study comprised of mothers with post partum haemorrhage admitted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, Kancheepuram District.

SETTING

The study was conducted in post natal ward at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research.

SAMPLE SIZE

The sample size was 30 mothers with post partum haemorrhage admitted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research.

SAMPLING TECHNIQUE

The sampling technique used for the study was convenient sampling technique.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- The mothers with post partum haemorrhage who were in post natal ward.
- mothers who were literate and illiterate.
- mothers who were willing to participate.
- mothers who can able to speak tamil or English.

Exclusion Criteria

- The mothers with other medical condition.
- The mothers who were not willing to participate.

DESCRIPTION OF THE TOOL:

Details of the tool used in the study are given below

1. Performa for demographic variables.
2. Ongoing assessment scale.
3. Intervention checklist.

Section – I Performa for demographic variables.

In this section information on the demographic variables such as age, educational status, occupation, income, type of marriage, order of child birth, past obstetrical history and source of health information were included.

Section – II Ongoing assessment scale

This section consists of 20 components regarding the health status of mothers with post partum haemorrhage. Each components carries maximum of three, minimum of one and the total score of sixty. After collecting the data, the data were

analysed to findout the mean, standard deviation and percentage of scores for mothers with post partum haemorrhage.

Section – III Intervention checklist

In this section checklist for nursing care given to the mothers with post partum haemorrhage were included. It consists of monitoring vital signs, maintaining intake output chart, maintaining hydration status, maintaining nutritional status, investigation, perineal care, breast care, administering medication, prevention of infection and health education.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with description of the tool, report of pilot study, reliability, informed consent, data collection procedure, scoring interpretation, data analysis plan , results and statistical method.

DESCRIPTION OF TOOL

It consists of four parts.

PART-I: DEMOGRAPHIC DATA

The demographic data includes age, religion, educational status, occupation, income, type of marriage, area of residence, order of child birth, past obstetrical history and source of health information.

PART-II: OBSERVATIONAL CHECKLIST TO ASSESS THE HEALTH STATUS ON MOTHERS WITH POSTPARTUM HAEMORRHAGE

The observational check list consists of temperature, pulse, respiration and blood pressure. No score was given.

PART-III: RATING SCALE FOR ASSESSMENT ON MOTHERS WITH POST PARTUM HAEMORRHAGE

Rating scale was used to identify the improvement in the health status of the mothers with postpartum haemorrhage. The rating scale consists of level of consciousness, mental status of mother, level of after pain, amount of blood loss, colour of lochia, odour of lochia, perfusion status, degree of anemia, hydration status, condition of uterus, involution of uterus, condition of perineum, condition of breast, condition of nipple, breast feeding technique, presence of pain in calf muscle when flexing, range of physical movement, presence of signs and symptoms of puerperal infection, urine output and signs and symptoms of urinary tract infection.

PART-IV: OBSERVATION CHECKLIST OF NURSING INTERVENTION FOR THE MOTHERS WITH POSTPARTUM HAEMORRHAGE.

The observation checklist of nursing intervention for the mothers with postpartum haemorrhage consists of monitoring vital signs, uterine massage, vaginal plugging, blood transfusion,

maintenance of hydration status maintenance of nutrition status, maintenanace of bowel and pattern, investigation, positioning, perineal care, breast care, care of new born, comfort measures, administration of medication, prevention of infection and health education.

SCORE INTERPRETATION:

The obtained data were interpreted by the following procedure.

$$\text{Sore interpretation} = \frac{\text{Obtained score}}{\text{Total score}} \times 100$$

Table 4.1

Description of health status	percentage
Mild Health deterioration	Above 75%
Moderate health deterioration	51 – 75%
Severe health deterioration	Below 50%

VALIDITY

The tools were prepared by the investigator which were assessed, evaluated and accepted by the experts of The Research Committee. Content validity was obtained from obstetric and gynaecological experts.

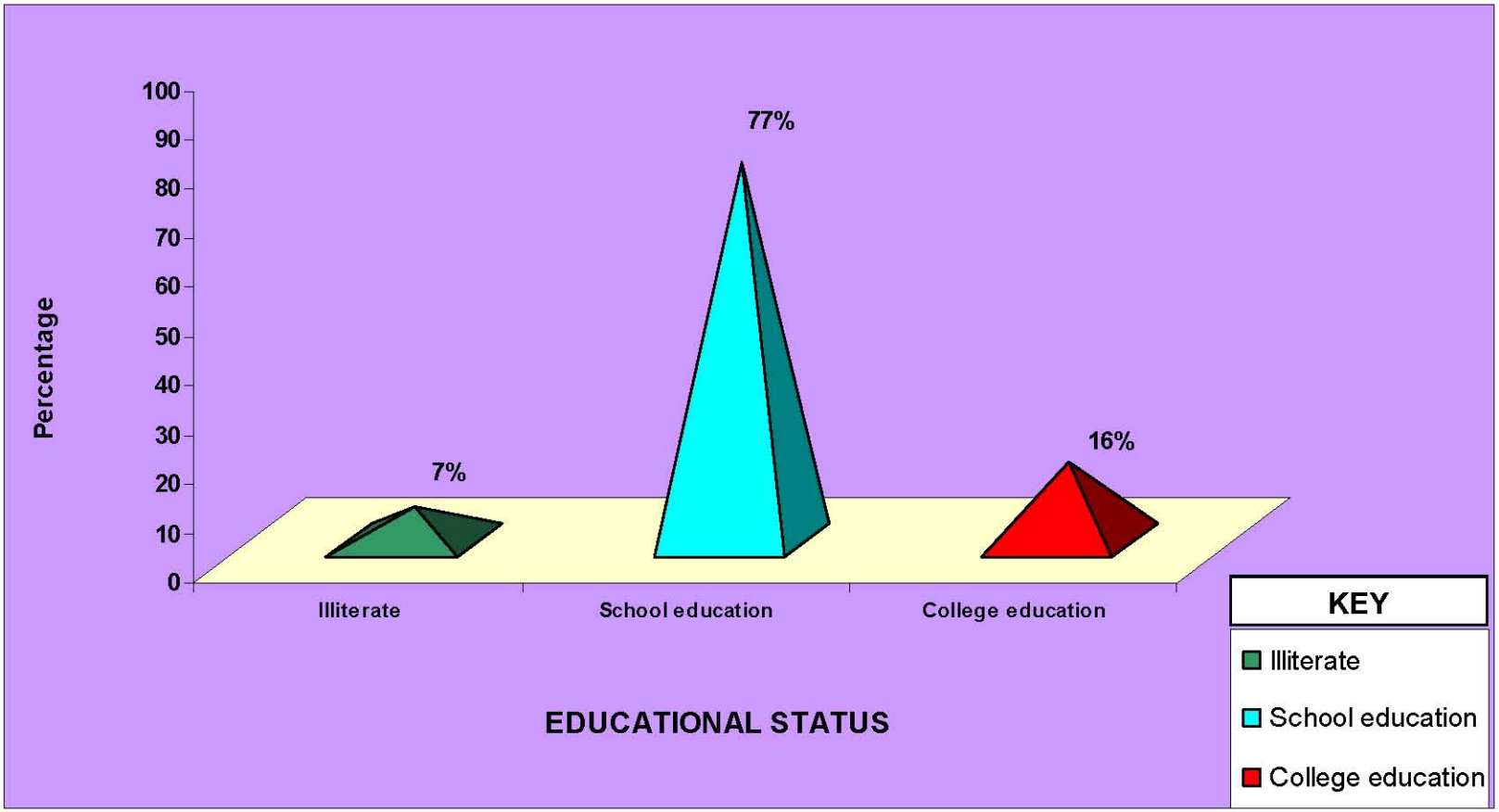

Fig.4.1 PERCENTAGE DISTRIBUTION OF MOTHERS WITH POST PARTUM HAEMORRHAGE BASED ON EDUCATIONAL STATUS

REPORT OF THE PILOT STUDY

The pilot study was conducted at Adhiparasakthi Institute of Medical Sciences and Research, Melmaruvathur for a period of two weeks. The standardized tools were prepared by the investigator and used to find out the reliability and validity which were evaluated by the experts of The Research Committee. Convenient sampling technique was adopted to select Five samples and by using checklist and structured assessment scale, the health condition of the mothers with post partum haemorrhage were assessed.

RELIABILITY

The reliability was checked by inter rater method. The reliability was 0.74. After that, the nursing care was provided, and then sign test was used and found that the nursing intervention was effective.

INFORMED CONSENT

The investigator obtained written consent from the HOD's of Department of Obstetric and Gynaecology Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. Oral consent was taken from the study participants. The data collection

was done for six weeks by using interview and observational method.

DATA COLLECTION PROCEDURE

The main study was conducted on both primi and multi para mothers who admitted in the post natal ward of Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research and who met the inclusion criteria were selected by using convenient sampling methods. Thus a total of thirty mothers were included in the study.

The data collection was done for ten minutes for collecting demographic data from the mothers. Assessment was done with the help of rating scale. The nursing care was given from 8.00A.M to 5.00P.M on all days during the study period and effectiveness of nursing care of mothers with postpartum haemorrhage were evaluated.

DATA ANALYSIS PLAN AND RESULTS

The data was organized, tabulated and analyzed by using descriptive statistics Mean, standard deviation and sign test was carried out to assess the effectiveness of nursing care on mothers

with postpartum haemorrhage. Correlation coefficient test was made for the correlation between demographic variables and nursing care on mothers with postpartum haemorrhage.

Table 4.2

STATISTICAL METHOD

Sl. No.	Data Analysis	Methods	Remarks
1.	Descriptive statistics	Number, percentage, mean, standard deviation	To describe the demographic variables
2.	Inferential statistics	Sign test	To assess the effectiveness of nursing care on mothers with postpartum haemorrhage.
		Correlation	To find out the correlation between the demographic variable and nursing care on mothers with postpartum haemorrhage.

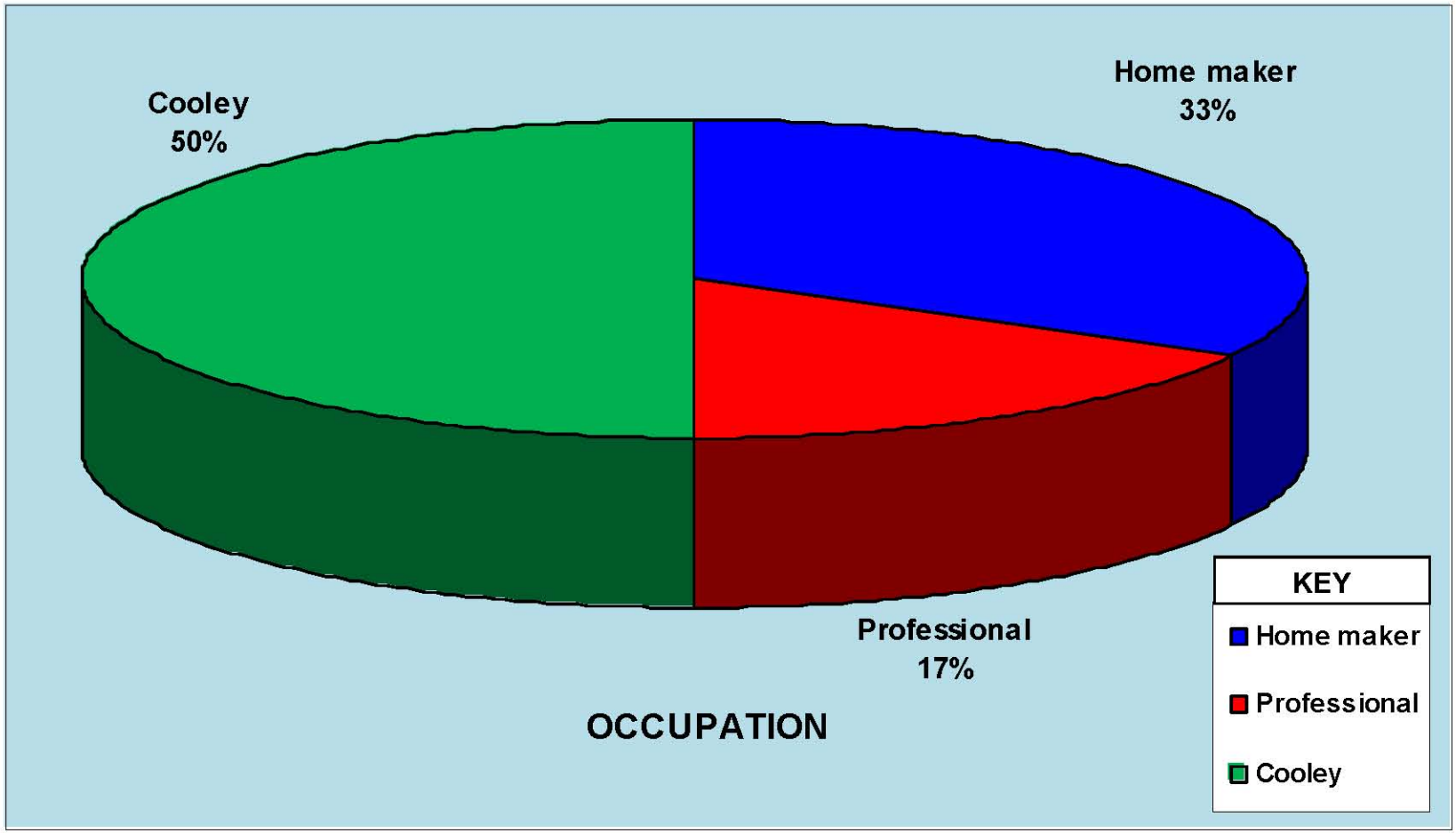

Fig 4.2 PERCENTAGE DISTRIBUTION OF MOTHERS WITH POST PARTUM HAEMORRHAGE BASED ON OCCUPATION

Section – A : Distribution of the demographic variables among mothers with postpartum haemorrhage.

Section – B : Frequency and percentage distribution of assessment and evaluation score on mothers with postpartum haemorrhage

Section – C : Comparison of mean and standard deviation of assessment and evaluation scores of mothers with postpartum haemorrhage.

Section – D : Improvement score of mean and standard deviation of assessment and evaluation and effectiveness of nursing care on mothers with postpartum haemorrhage.

Section – E : Correlation between demographic variables and evaluation score of health status on mothers with postpartum haemorrhage.

SECTION - A

TABLE – 4.3

FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES AMONG THE MOTHERS WITH POSTPARTUM HAEMORRHAGE

N = 30

Sl. No.	Demographic variables	Frequency	Percentage
1.	**Age of mother**		
	a) 18-24 years	16	53.33
	b) 25-30 years	11	36.67
	c) 31-35 years	3	10.00
	d) Above 35 years	0	0
2.	**Educational status**		
	a) Illiterate	2	6.67
	b) School Education	23	76.66
	c) College Education	5	16.67
3.	**Occupation**		
	a) Home maker	10	33.33
	b) Professional	5	16.67
	c) Coolie	15	50.00
4.	**Income**		
	a) Below Rs. 3000/-	5	16.67
	b) Rs. 3001 – 5000/-	10	33.33
	c) Rs. 5001 and above	15	50.00
5.	**Type of marriage**		
	a) Consanguineous	5	16.67
	b) Non consanguineous	25	83.3
6.	**Order of child birth**		
	a) Primi Para	14	46.67
	b) Multi Para	13	43.33
	c) Grandmulti Para	3	10.00

Sl. No.	Demographic variables	Frequency	Percentage
7.	**Past obstetrical history**		
	a) No past obstetrical history	12	40.00
	b) Presence of past obstetrical history	18	60.00
8.	**Source of health information**		
	a) Friends or relatives	3	10.00
	b) Mass media	11	36.67
	c) Health personnel	16	53.33

Table – 4.3 implies the distribution of respondents according to demographic data like age, educational status, occupation, monthly income , type of marriage, order of child birth, past obstetrical history and source of health information.

Out of thirty mothers 16(53.33%) mothers were in the age group of 18 to 24 years, 11(36.67%) mothers were in the age group of 25 to 30 years, Three (10.00%) were in the age group of 31 to 35 years and no mothers were in the age group of above 35 years. In thirty mothers the average of 16(53.33%) mothers falls in the age group of 18 to 24 years.

With regard to the educational status Two (6.66%) were illiterate, 23(76.67%) had undergone school education and five

(16.66%) mothers had undergone college education. Among thirty mothers maximum of 23(76.67%) had undergone school education.

With regard to occupation 10(33.33%) mothers were homemaker, Five (16.67%) mothers were professional and 15(50.00%) mothers were coolie. Among thirty mothers maximum of 15(50.00%) were coolie.

In case of monthly income upto Rs.3000 was drawn by Five (16.67%) mothers, 10(33.33%) had a monthly income of Rs.3001 to Rs.5000, 15(50%) were in the income group of Rs.5001 and above. Out of thirty mothers a highest maximum of 15(50%) were in the income group of Rs.5001 and above.

Regarding the type of marriage Five (16.66%) mothers were under the type of consanguineous marriage and 25(83.3%) were under the type non- consanguineous marriage. In thirty mothers maximum of 25(83.3%) were under the type of non-consanguineous marriage.

With regard to order of child birth three (10.00%) mothers were grand multi para, 14(46.67%) of mothers were primi para and 13(43.33%) of mothers were multi para. In thirty mothers 13(43.33%) mothers were multi para.

In case of past obstetrical history 12(40%) mothers had no past obstetrical history and 18 (60%) mothers had an past obstetrical history. Out of thirty mothers a maximum of 18(60%) mothers had an past obstetrical history

In regard with sources of information Three (10%) mothers received information from friends or relatives, 11(36.67%) mothers received information from mass media and 16(53.33%) mothers received information from health personnel . Out of thirty mothers a maximum of 16(53.33%) mothers received information from health personnel.

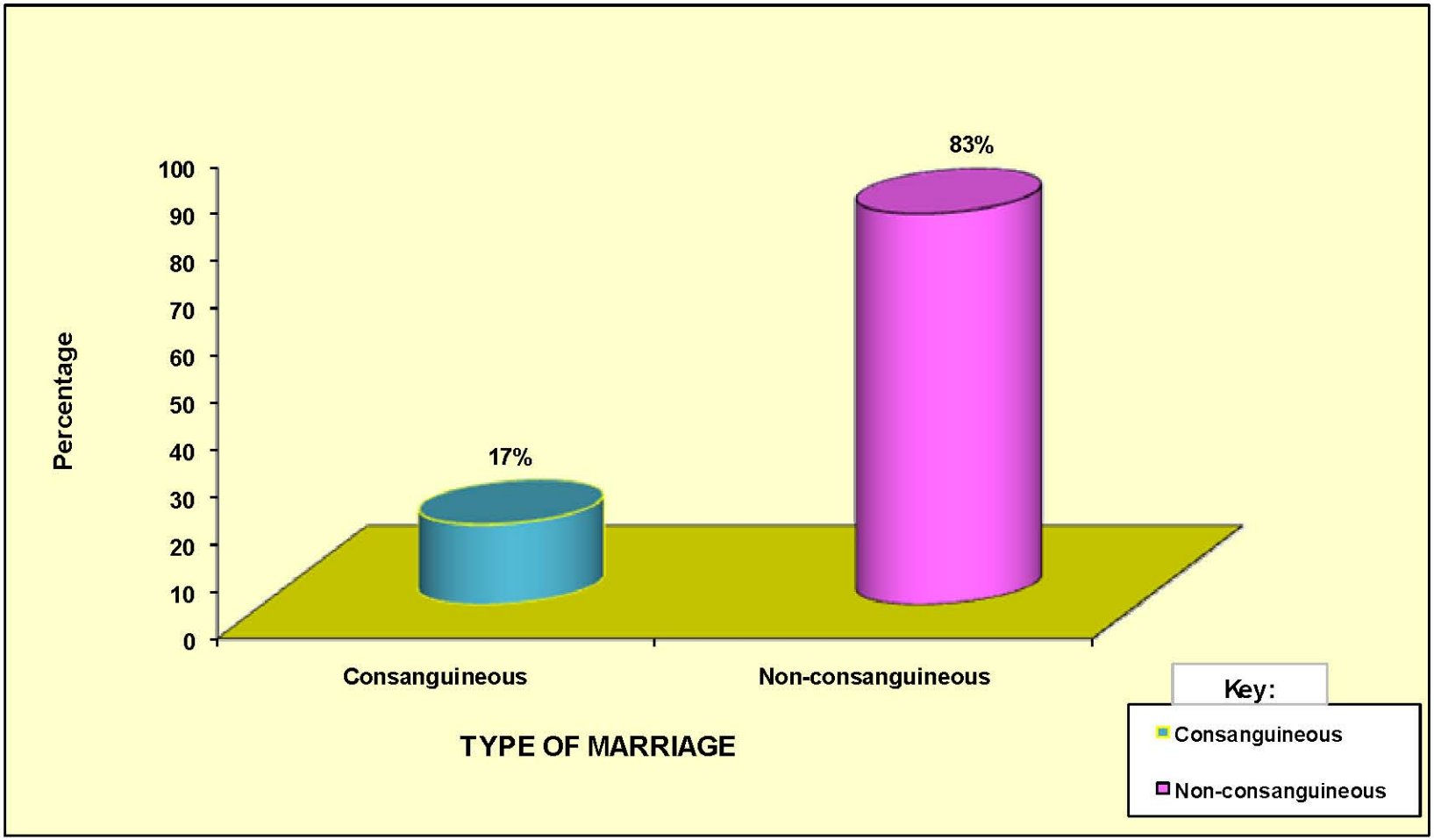

Fig 4.3 PERCENTAGE DISTRIBUTION OF MOTHERS WITH POST PARTUM HAEMORRHAGE BASED ON TYPE OF MARRIAGE

SECTION - B

TABLE – 4.4

FREQUENCY AND PERCENTAGE DISTRIBUTION OF ASSESSMENT AND EVALUATION SCORE ON MOTHERS WITH POSTPARTUM HAEMORRHAGE

N = 30

S. No	Health status	Assessment		Evaluation	
		No	%	N	%
1	Mild health deterioration	--	--	26	86.67
2	Moderate health deterioration	7	23.33	4	13.33
3	Severe health deterioration	23	76.67	--	--

Table – 4.4 reveals the immediate assessment of health status of the mothers with post partum haemorrhage. Out of thirty mothers 23(76.67%) mothers were in severe health deterioration, Seven (23.33%) mothers were in moderate health deterioration. At the time of discharge the health status of the mothers were evaluated. Out of thirty mothers 26(86.67%) were in mild health deterioration and Four (13.33%) mothers were in moderate health deterioration.

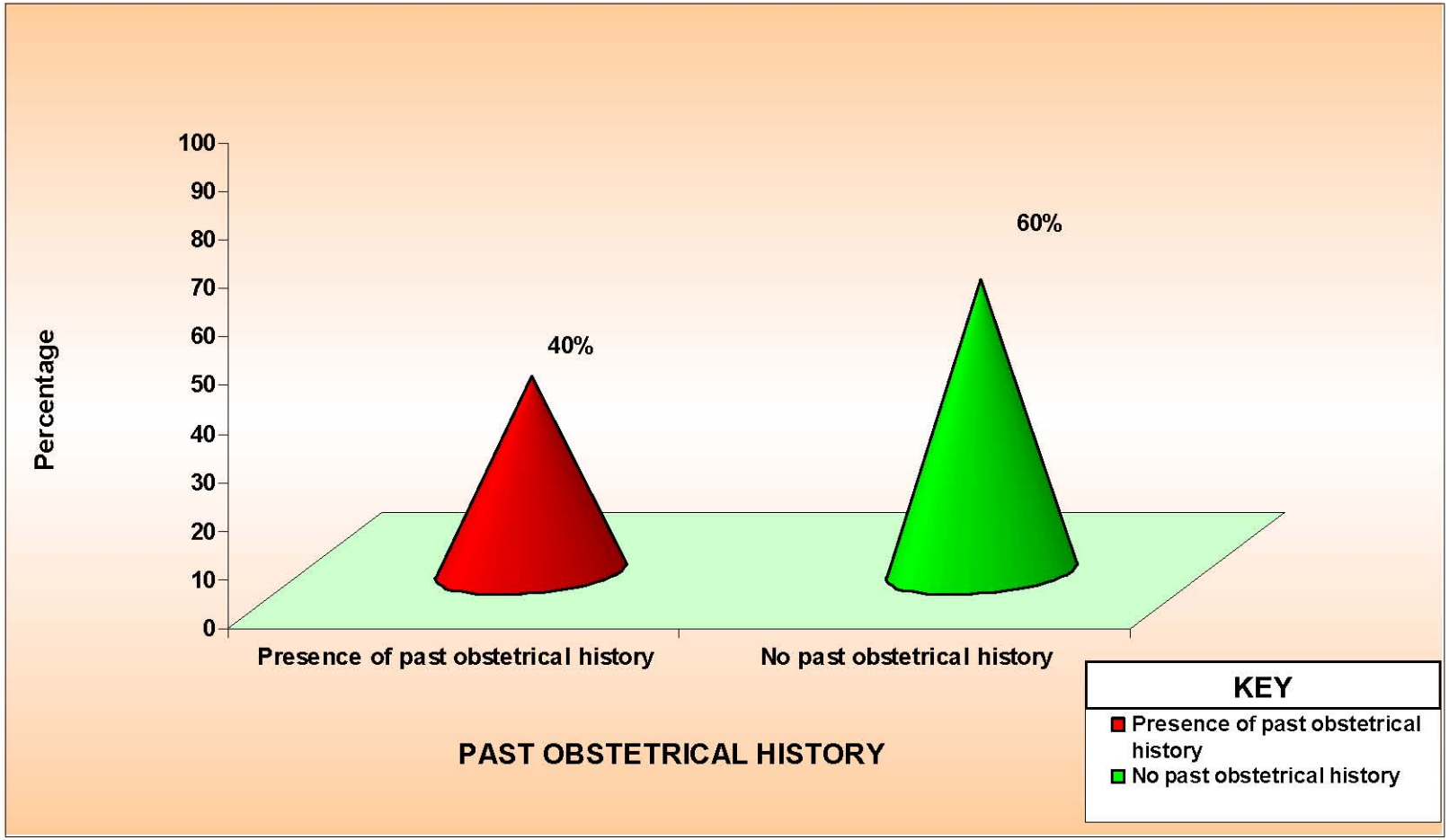

Fig.4.4 PERCENTAGE DISTRIBUTION OF MOTHERS WITH POST PARTUM HAEMORRHAGE BASED ON PAST OBSTETRICAL HISTORY

SECTION – C

TABLE – 4.5

COMPARISON OF MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORES ON MOTHERS WITH POSTPARTUM HAEMORRHAGE.

N = 30

Health Status	Mean	Std. Deviation	Confidential interval
Assessment	49.23	10.33	45.08 – 53.38
Evaluation	23.86	2.74	22.76 – 24.96

Table – 4.5 shows assessment mean value 49.23 with standard deviation of 10.33 and evaluation mean value 23.86 with standard deviation of 2.74.

The final conclusion about above table reveals that in the evaluation, mean score was reduced than in assessment level, similarly the standard deviation value also reduced in the evaluation score when comparing with the assessment level. The above table shows that there was a significant improvement in the health status of mothers with post partum haemorrhage. Thus the nursing care on mothers with post partum haemorrhage was very effective.

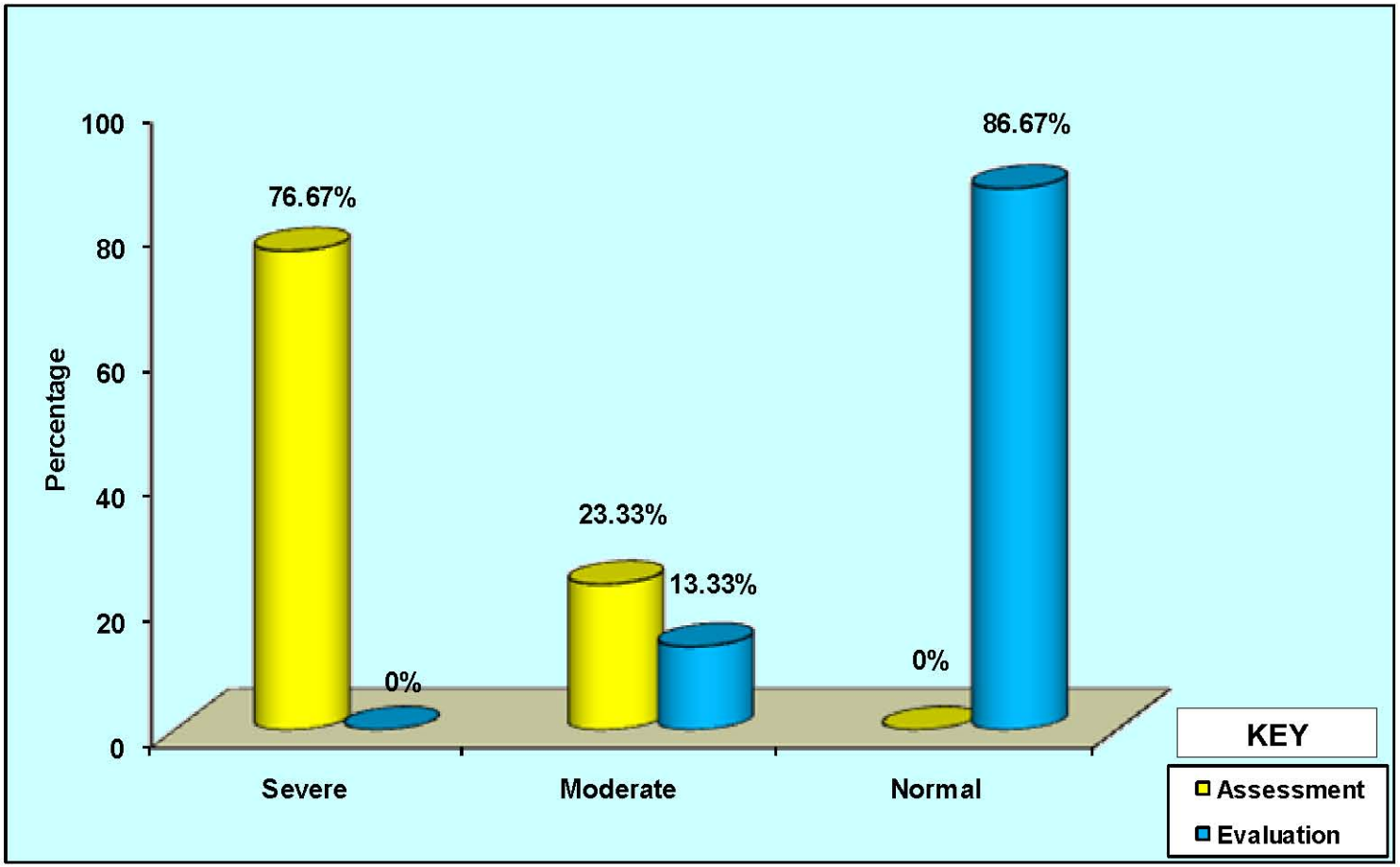

Fig.4.5 PERCENTAGE DISTRIBUTION OF ASSESSMENT AND EVALUATION SCORE ON MOTHERS WITH POST PARTUM HAEMORRHAGE

VI

SECTION – D

TABLE – 4.6

IMPROVEMENT SCORE OF MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION AND EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH POSTPARTUM HAEMORRHAGE.

N = 30

Health status	Mean	Std. Deviation	Sign test	K value
Improvement score	25.37	7.59	4	9.13

* P < 0.01 level of significance

Table – 4.6 reveals the improvement between assessment score and evaluation score. The mean was 25.37 with standard deviation of 7.59 and sign test value is 4, which is lower than the 'K' value at 0.01 level of significance. The calculated value was greater than the tabulated value. There was a significant improvement in the health status of mothers with post partum haemorrhage.

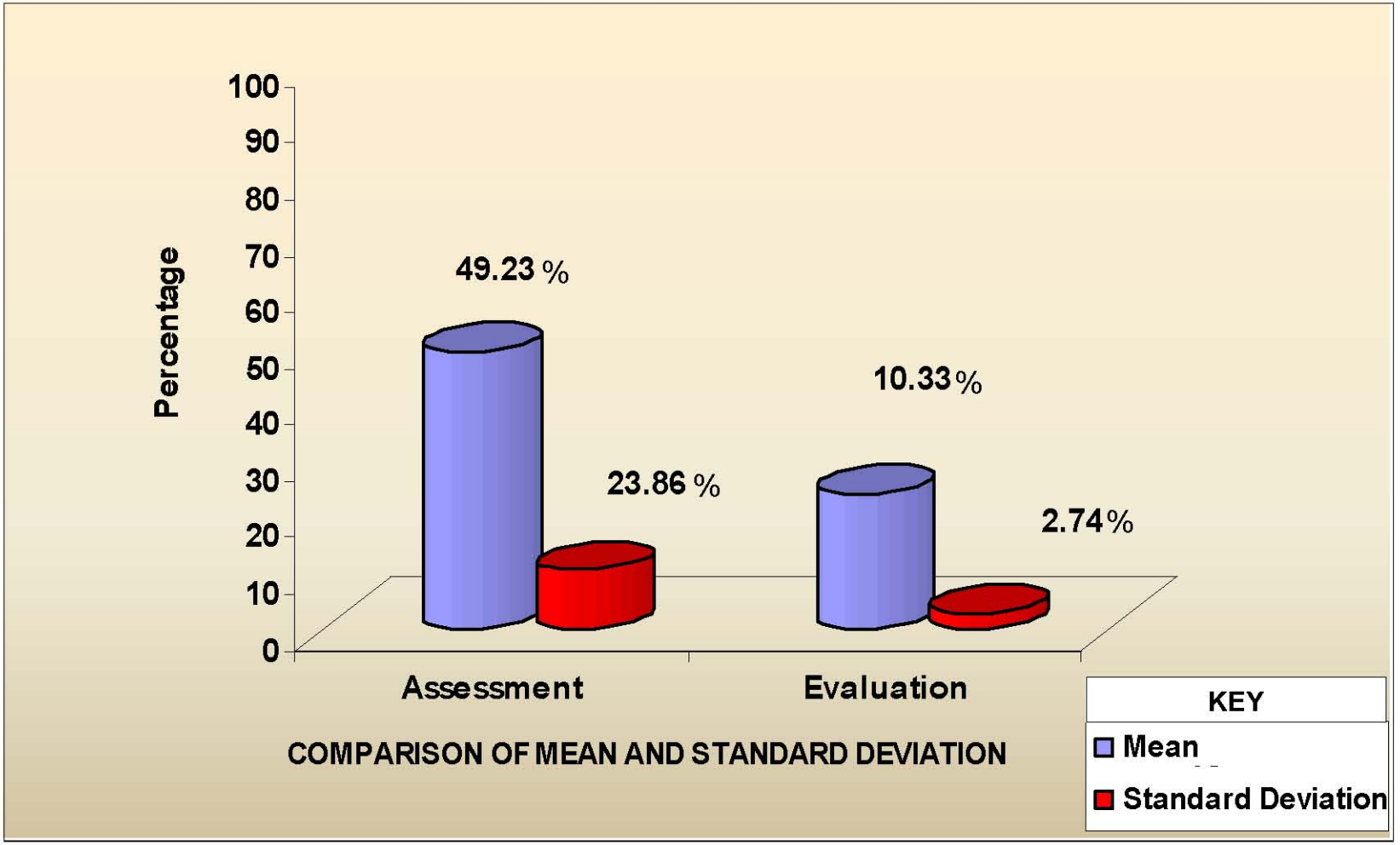

Fig.4.6 PERCENTAGE DISTRIBUTION OF MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE ON MOTHERS WITH POST PARTUM HAEMORRHAGE

SECTION - E

TABLE – 4.7

CORRELATION BETWEEN DEMOGRAPHIC VARIABLES AND EVALUATION SCORE OF HEALTH STATUS ON MOTHERS WITH POST PARTUM HAEMORRHAGE

Sl. No.	Demographic variables	Assessment				Evaluation				r
		Moderate		Severe		Mild		Moderate		
		No.	%	No.	%	No.	%	No.	%	
1.	**Education status**									
	a. Illiterate	2	6.7	0	0	2	6.7	0	0	
	b. School education	3	10.0	20	66.7	20	66.7	2	10	*0.93
	c. College education	2	6.7	3	10	4	13.3	1	3.3	
2.	**Occupation**									
	a. Home maker	3	10.0	7	23.3	9	30	1	3.3	*0.48
	b. Professional	2	6.7	3	10	4	13.3	1	3.3	
	c. Cooley	2	6.7	13	10	13	43.3	2	6.7	
3.	**Type of marriage**									
	a. Consanguineous	1	3.3	4	13.3	3	10	2	6.7	*0.99
	b. Non consanguineous	6	20	19	63.3	23	76.7	2	6.7	
4.	**Past obstetrical history**									
	a. No past obstetrical history	4	13.3	8	26.7	11	36.7	1	3.3	
	b. Presence of past obstetrical history	3	10.0	15	50.0	15	50.0	3	10.0	*0.99

* significant at p<0.01

Table 4.7 reveals the correlation between demographic variables such as educational status, occupation, type of marriage, past obstetrical history and nursing care on mothers with postpartum haemorrhage.

CHAPTER – V

RESULTS AND DISCUSSION

The study was conducted to determine the effectiveness of nursing care on mothers with post partum haemorrhage. The study findings have been discussed in terms of the objectives of theoretical basis and hypothesis. A total number of 30 samples were selected for the study. The health status of each and every mother was assessed everyday. Based on the assessment the nursing care was planned and implemented for the nursing care on mothers with post partum haemorrhage

The first objective was to assess the health status on mothers with post partum haemorrhage

Table 4.2 revealed that among 30 mothers Seven(23.33%) were in moderate health deterioration and 23 (76.66%) were in severe health deterioration on the assessment day. Among 30 mothers overall mean was 49.23 with standard deviation of 10.33 on the assessment day.

The second objective was to evaluate the effectiveness of nursing care on mothers with post partum haemorrhage

Table 4.3 revealed that after giving nursing care on the evaluation day the overall mean was 23.86 with standard deviation of 2.74. The improvement score with the assessment and evaluation showed the mean of 25.37 with the standard deviation of 7.59. Among 30 mothers all 26 (86.66%) had mild health deterioration and Four (13.33) had moderate health deterioration on evaluation day. The calculated value was less than the tabulated value. There was an improvement in health status of mothers with post partum haemorrhage.

Nurses working in ward should assess the mothers and then plan for giving nursing care according to priority. Nursing care plays a significant role in protecting the mothers from complications.

The third objective is to correlate the selected demographic variables with effectiveness of nursing care on mothers with post partum haemorrhage

Table - 4.5 statistically reveals that there was a significant correlation between the nursing care and the demographic

variables of nursing care on mothers with post partum haemorrhage such as, educational status, occupation, monthly income, type of marriage and past obstetrical history.

CHAPTER VI

SUMMARY AND RECOMMENDATION

Evaluative research design was adopted to evaluate the nursing care on mothers with post partum haemorrhage. Individualized nursing care was provided to mothers with post partum haemorrhage. The study was conducted at Melmaruvathur Adhiparasakthi Institute of Medical sciences and Research. Convenient sampling technique was used and sample size was determined as thirty.

Ongoing assessment was done with rating scale prepared to analyze the health status of mothers with post partum haemorrhage and standard nursing care plan was prepared to render care such as monitoring vital signs, uterine massage, vaginal plugging, blood transfusion, maintenance of hydration status maintenance of nutrition status, investigation, positioning, perineal care, breast care, comfort measures, administration of medication, prevention of infection and health education.

IMPLICATIONS

NURSING PRACTICE

- The present trend in healthcare delivery system emphasis on preventive as well as curative aspects.
- The study gives awareness among the nurse on identifying the problems and complication at an early stage of post partum haemorrhage.
- The study guides the nurse to act promptly during the critical phase of mothers with post partum haemorrhage.
- The present nursing module can be used by the nurses in various health care settings.

NURSING EDUCATION

- The present study emphasize on the encouragement of the staff nurse to under go continuing nursing education programme, specialized courses or training regarding care of post partum haemorrhage to update their knowledge.
- The nurse educator whenever they plan to provide instruction regarding care of mothers with post partum haemorrhage, should have opportunity to develop the skill and attitude in handling the mothers with post partum haemorrhage.

- The leader in nursing care confronted, to undertake the health needs of the most vulnerable by effective organisation and management. The nurse administrator should take the active part in healthy policy, developing protocol , procedure and standing orders related to care of mothers with post partum haemorrhage.

NURSING ADMINISTRATION

- Nursing administrator can encourage his/her subordinate to do further research regarding problems of mothers with post partum haemorrhage based on their study.
- Findings of the study helps nursing administrator to allocate resources to do further studies in nursing care on mothers with post partum haemorrhage.
- Nursing administrator can arrange a mass health education programme to public to create awareness regarding prevention and management of post partum haemorrhage in health care settings.
- A comparative study can be under taken in different settings.

NURSING RESEARCH

- The present study has given the base to conduct the retrospective study quality of nursing care.
- Use of research findings should become a part of the quality assurance evaluation to enhance individual performance as a whole.

RECOMMENDATION

Based on the research findings the following recommendations are made

- The similar study can be done with large sample.
- A study can be done on the knowledge and skills of the nurses regarding post partum haemorrhage.
- In service education on effectiveness of nursing care on mothers with post partum haemorrhage can be given to improve the quality of nursing service.
- Experimental study can be conducted by introducing the structured teaching programme in different settings.

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APPENDIX-I

DEMOGRAPHIC VARIABLES

1. Age of mother

a) 18-24 years ☐

b) 25-30 years ☐

c) 31-35 years ☐

d) Above 35 years ☐

2. Educational status

a) Illiterate ☐

b) School Education ☐

c) College Education ☐

3. Occupation

a) Home maker ☐

b) Professional ☐

c) Coolie ☐

4. Income

a) Upto Rs.3000/- ☐

b) Rs.3001 – 5000/- ☐

c) Rs.5001 and above ☐

5. Type of marriage

a) Consanguineous ☐

b) Non consanguineous ☐

6. Order of child birth

a) Primi Para ☐

b) Multi Para ☐

c) Grand multi Para ☐

7. Past obstetrical history

a) No Past obstetrical history ☐

b) Presence of Past obstetrical history ☐

8. Source of health information

a) Friends or relatives ☐

b) Mass media ☐

c) Health personnel ☐

APPENDIX-II

OBSERVATIONAL CHECK LIST TO ASSESS THE VITAL PARAMETERS ON MOTHERS WITH POSTPARTUM HAEMORRHAGE

S.No.	Criteria	Days						
		1	2	3	4	5	6	7
1.	**Temperature**							
	Normal							
	Abnormal							
2.	**Pulse**							
	Normal							
	Abnormal							
3.	**Respiration**							
	Normal							
	Abnormal							
4.	**Blood pressure**							
	Normal							
	Abnormal							

APPENDIX-III

RATING SCALE FOR ASSESSMENT OF HEALTH STATUS ON MOTHERS WITH POSTPARTUM HAEMORRHAGE

S.No.	Criteria		Days						
			1	2	3	4	5	6	7
1.	**Level of after pain**								
	Mild	3							
	Moderate	2							
	Severe	1							
2.	**Perfusion status**								
	Pink	3							
	Pale	2							
	Bluish discolouration	1							
3.	**Amount of blood loss**								
	200ml – 500ml	3							
	500ml – 700ml	2							
	> 700ml	1							
4.	**Degree of anemia**								
	Mild	3							
	Moderate	2							
	Severe	1							
5.	**Condition of uterus**								
	Firm	3							
	Soft	2							
	Flabby	1							

S.No.	Criteria		Days						
			1	2	3	4	5	6	7
6.	**Involution of uterus (Fundal height)**								
	>13.5 cm	3							
	13.5 cm – 12.5 cm	2							
	<12.5 cm	1							
7.	**Condition of perineum**								
	Intact	3							
	Perineal laceration	2							
	Perineal tear	1							
8.	**Colour of lochia**								
	Normal	3							
	Brownish	2							
	Bright red	1							
9.	**Odour of lochia**								
	Mawky odour	3							
	Fishy odour	2							
10.	**Level of consciousness**								
	Oriented	3							
	Confused	2							
	Disoriented	1							
11.	**Mental status of mother**								
	Active	3							
	Irritable	2							
	Drowsy	1							

S.No.	Criteria	Days						
		1	2	3	4	5	6	7
12.	**Condition of breast**							
	Soft 3							
	Hard and tense 2							
	Engorgement with visible vein 1							
13.	**Condition of the nipple**							
	Well everted or secreting milk 3							
	Large nipple 2							
	Inverted or cracked nipple 1							
14.	**Breast feeding technique which was followed by the mother**							
	Always following correct technique 3							
	Sometime following correct technique 2							
	Always following incorrect technique 1							
15.	**Presence of pain in the calf muscles when flexing**							
	No pain 3							
	Moderate pain 2							
	Severe pain 1							
16.	**Range of physical movement**							
	Good 3							
	Fair 2							
	Poor 1							

S.No.	Criteria	Days						
		1	2	3	4	5	6	7
17.	**Hydration status**							
	Hydrated 3							
	Moderately dehydrated 2							
	Severely dehydrated 1							
18.	**Urine output**							
	1500-2000ml 3							
	800 – 1500 ml 2							
	Less than 800 ml 1							
19.	**Presence of signs and symptoms of puerperal infection**							
	Absent 3							
	Slight rise in temperature 2							
	High rise in temperature with chill and rigor 1							
20.	**Presence of signs & symptoms of urinary tract infection**							
	Absent 3							
	Mild(Burning sensation while urinate) 2							
	Severe (Always burning sensation with itching in urethra) 1							

Score:

1 - Severe health deterioration

2 - Moderate health deterioration

3 - Mild health deterioration

APPENDIX-IV

PROTOCOL FOR NURSING CARE ON MOTHERS WITH POST PARTUM HAEMORRHAGE

S.No	NURSING INTERVENTIONS	RATIONALE
1	Monitor vital signs • Temperature • Pulse rate • Respiratory rate • Blood pressure	Provides base line data to detect abnormal changes to find the deterioration in health status
2	Investigation • Hemoglobin • Packed cell volume	To identify the blood volume and to detect degree of anemia
3	Uterine massage	To initiate contraction and to control bleeding
4	Blood transfusion • Haemocoele	To maintain the blood volume level
5	Vaginal plugging	To control bleeding
6	Maintenance of hydration status	To maintain the fluid and electrolyte balance
7	Maintenance of nutrition status	To meet the nutritional demands
8	Maintenance of bladder and bowel pattern	To promote the elimination pattern
9	Positioning • Supine position with crossed leg	To control bleeding
10	Perineal care	To promote perineal hygiene
11	Breast care	To promote hygiene and initiate breast feeding
12	Comfort measures • Comfortable bed • Adequate pillows • Calm and quiet environment	To provide comfort
13	Administration of medication • Injection methergin	To control bleeding

14	Care of new born • Cord care • Eye care	To promote the health status of new born
15	Prevention of infection Following aseptic technique during procedure	To promote the well being and to prevent infection
16	Health education Post natal diet Post natal exercises Care of new born	To promote the knowledge

APPENDIX-V

OBSERVATION CHECK LIST OF NURSING INTERVENTION ON MOTHERS WITH POST PARTUM HAEMORRHAGE

S.No.	Criteria	Days						
		1	2	3	4	5	6	7
1.	Monitor vital signs							
2.	Investigation							
3.	Uterine massage							
4.	Vaginal plugging							
5.	Blood transfusion							
6.	Maintenance of hydration status							
7.	Maintenance of nutrition status							
8.	Maintenance of bladder and bowel pattern							
9.	Positioning							
10.	Perineal care							
11.	Breast care							
11.	Care of new born							
12.	Comfort measures							
13.	Administration of medication							
14.	Prevention of infection							
15.	Health education							

APPENDIX-VI

NURSING DIAGNOSIS

1. Altered tissue perfusion related to hypovolemia as evidenced by delayed capillary refill time.
2. Fluid volume deficit related to post partum haemorrhage as evidenced by loss of skin elasticity.
3. Alteration in comfort, pain in abdomen related to tissue trauma as evidenced by verbalization.
4. Activity intolerance related to pain as evidenced by mother confined to bed
5. Impaired skin integrity related to episiotomy wound as evidenced by presence of episiotomy incision.
6. Altered bladder pattern, oliguria related to hypovolemia as evidenced by decreased urine output.
7. Sleep pattern disturbance, insomnia related to hospitalization as evidenced by redness of eyes.
8. Fear and anxiety related to prognosis as evidenced by observation.
9. Knowledge deficit regarding treatment and follow up care as evidenced by frequent questions.
10. Altered family process related to hospitalization as evidenced by inability to participate in family.

NURSING CARE PLAN ON CARE OF MOTHERS WITH POST PARTUM HAEMORHAGE

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: Mother complaints of numbness and tingling sensation **Objective data:** Capillary refill time is les 3seconds.	Altered tissue perfusion related to hypovotemia as evidenced by delayed capillary refill time.	Mother's tissue perfusion will improve	Assess the perfusion status	Assessed, the capillary refill time >3 seconds.	Helps to know the baseline data.	Mother's tissue perfusion was improved.
			Monitor hemoglobin level	Monitored hemoglobin level Hemoglobin =7 gm	Helps to know the perfusion status	
			Encourage early ambulation.	Encouraged early ambulation	Helps to improve circulation	
			Check for Homan's sign, if positive.	Checked , Homan's sign is negative	Helps to know the presence of deep vein thrombosis	
			Administer oxygen	Administered oxygen 5l/min	Helps to promote oxygenation	
			Transfuse blood.	Transfused blood 1 pint	Helps to promote perfusion status.	

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data. Mother complains of increased thirst. **Objective data** Dry mouth Loss of skin elasticity.	Fluid volume deficit related to post partum hemorrhage as evidenced by loss of skin elasticity	Mother's will maintain normal fluid volume level.	Monitor fluid intake of urine output. Replace fluid losses intravenously as indicated Monitor the signs of dehydration such as hypotension, dry mouth Encourage adequate oral fluids.	Monitored fluid intake and urine output Replaced fluid intravenously Monitored signs of dehydration such as hypotension, dry mouth. Encouraged adequate oral fluid.	Helps to know kidney function a key index to circulating blood volume. Helps to promote fluid volume level. Helps to know the severity of dehydration Helps to promote hydration level.	Mother's normal fluid volume level was maintained.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: Mother Complaints of pain in the abdomen **Objective data:** Mother Verbalizes the pain	Alteration in comfort pain in abdomen related to tissue trauma as evidenced by verbalization	Mother's pain will reduce.	Determine characteristics, type, location and duration of pain. Assess psychological causes of discomfort. Provide comfortable measures. Apply ice to perineum. Provide episiotomy care.	Helps to know the base line data Helps to know the situation that intensify perception of pain. Helps to provide comfort. Help to minimize edema and reduce hematoma. Helps to promote wound healing.	Determined characteristics type, location and duration of pain. Abdominal pain Assessed psychological cause of discomfort Provided comfortable bed and supine position with crossed leg. Applied ice to perineum. Provided episiotomy care with antiseptic ointment.	Mother's pain was reduced.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: Mother complains of inability to do activities **Objective data:** Mother needs assistance.	Activity in tolerance related to pain as evidenced by mother confined to bed.	Mother's level of activity will improve.	Assess the level of activity of mother Identify needs of mother Provide activity schedule. Arrange all articles near to mother's bed side. Encourage the family members for active participation.	Helps to plan intervention Helps to do the activities sequentially Helps to increase the activity Helps to participate in daily activities. Helps to meet the daily needs.	Assessed, mother needs assistance Identified, mother's needs are brushing, bath etc Provided activity schedule with alternative periods of rest and sleep. Arranged all articles near to bed side. Encouraged the family members in participating in daily activities of mother.	Mother's activity level was improved.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: Mother complaints of laceration on perineal region **Objective data:** Presence of incision in the perineum	Impaired skin integrity related to episiotomy wound as evidenced by presence of episiotomy incision	Mother's skin integrity will improve	Assess the skin integrity of the mother. Provide perineal care to the mother Encourage to change pads as soon as it gets filled. Apply topical antiseptic	Assessed, the skin integrity was lost due to perineal laceration Provided perineal care to the mother Encouraged to change pads. Applied topical antiseptic	Helps to know the base line data for planning Helps to maintain personal hygiene. Helps to prevent infection. Helps to promote healing.	Mother' skin integrity was improved.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: Mother complaints of decreased urine output. **Objective data:** Urine output was less than 800ml	Altered bladder pattern, Oliguria related to hypovolemia as evidenced by decreased urine output.	Mother's normal bladder pattern will maintain.	Assess the bladder pattern of mother. Encouraged the mother to take oral fluids. Administer intravenous fluids. Maintain intake output chart.	Helps to know the base line data for planning. Helps to promote the fluid volume level Helps to promote urination Helps to know the fluid balance.	Assessed, the urine out is less than 800ml. Encouraged to take oral fluids. Administered intra venous fluids. Maintained intake output chart Intake =800ml Output =900 ml.	Mother's normal bladder pattern was maintained

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: Mother Complaints Of disturbed sleep. **Objective data:** Redness of eyes.	Sleep pattern disturbance insomnia related to hospitalization as evidenced by redness of eyes	Mother's normal sleep pattern will maintain	Assess the sleep pattern of mother. Provide comfort measures. Encourage mother to have a bath before going to bed. Encourage mother to take a cup of warm milk before going to bed.	Assessed, sleep pattern was disturbed due to hospitalization. Provide wrinkle free bed and adequate pillow. Encouraged mother to have a bath. Encouraged mother to take a cup of warm milk.	Helps to know the base line data. Helps to promote sleep. Helps to promote comfort. Helps to induce sleep.	Mother's normal sleep pattern was maintained.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: Mother complaints of fear about her health condition **Objective data:** Restlessness	Fear and anxiety related to prognosis as evidenced by observation	Mother's fear and anxiety will reduce.	Evaluate mother's psychological response to post partum hemorrhage Evaluate mother's physiological response to post partum hemorrhage Convey calm empathetic, supportive attitude Provide information about treatment modalities and effectiveness of intervention.	Helps to know mothers perception of the event Helps to know the changes in vital signs Helps to maintain emotional control Helps to reduce anxiety.	Evaluated mothers psychological response to post partum hemorrhage. Evaluated mother's physiological response to post partum hemorrhage Conveyed calm empathetic supportive attitude Provided information about treatment modalities and effectiveness of intervention.	Mother's fear and anxiety was reduced.

APPENDIX-VII

HEALTH EDUCATION

Personal hygiene

Encouraged the mother to maintain good personal and perineal hygiene by following measures.

- Frequent pad changing
- Wash perineal region after each urination and defecation
- Apply antiseptic on episiotomy wound
- Wear clean under garments

Breast care

- Encouraged the mother to clean the breast with the help of soap and water while taking bath and wipe with clean water before and after feeding the baby.
- Breast feeding
- Motivated the mother regarding exclusive breast feeding
- Encouraged the mother to give only breast feeding not even a sips of water
- Encouraged the mother to follow correct positioning, latching and techniques of breast feeding

Post natal diet

- Educated the mother regarding increased demand due to lactation on post natal period
- Mother is encouraged to take following diet such as
    - Iron rich diet
    - Protein rich diet
    - High caloric diet

APPENDIX-VIII

CASE ANALYSIS

SAMPLE NO	:	1
Age	:	25 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	2
Age	:	34 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	3
Age	:	19 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	4
Age	:	24 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	5
Age	:	23 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	6
Age	:	34 years
Type of post partum haemorrhage	:	Secondary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	7
Age	:	24 years
Type of post partum haemorrhage	:	Secondary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	8
Age	:	22 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	9
Age	:	32 years
Type of post partum haemorrhage	:	Secondary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	10
Age	:	27 years
Type of post partum haemorrhage	:	Secondary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	11
Age	:	29 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	12
Age	:	28 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	13
Age	:	26 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	14
Age	:	23 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	15
Age	:	21 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	16
Age	:	18 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	17
Age	:	20 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	18
Age	:	22 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	19
Age	:	25 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	20
Age	:	25 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	21
Age	:	26 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	22
Age	:	23 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	23
Age	:	20 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	24
Age	:	19 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	25
Age	:	21 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	26
Age	:	24 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	27
Age	:	30 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	28
Age	:	29 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	29
Age	:	30 years
Type of post partum haemorrhage	:	Secondary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

SAMPLE NO	:	30
Age	:	29 years
Type of post partum haemorrhage	:	Primary

On the assessment day the mothers level of pain, blood loss, colour and odour of lochia, perfusion status, degree of anemia, level of consciousness, mental status, condition of the uterus, perineum, breast, nipple, physical movement hydration status and urine output were assessed. Nursing interventions such as monitoring vital signs, investigation, uterine massage, vaginal plugging blood transfusion, maintenance of hydration and nutrition status, positioning, perineal care, comfort measures, administration of medication and health education were provided. On the day of evaluation the mothers health status was improved.

NURSING CARE ON MOTHERS WITH POST PARTUM HAEMORrHAGE

Monitoring vital parameters

Health Education

Maintaining fluid and electrolyte balance